



West Salem Animal Clinic Consent to Treat While You Are Away

Owner: _____ Co-Owner: _____

Primary Phone _____

Secondary Phone _____

Address: _____

City: _____ State: _____ Zip _____

Dates of Absence: _____

Pet Sitter or Boarding Facility: _____

Phone _____

Emergency Contact:

Special Instructions:

Should an injury or illness occur to my pet(s) that requires veterinary care during my absence, I authorize the caretaker to act as my agent in procuring essential medical care, not to exceed \$ _____. I agree to pay the fees for such medical care and services as soon as possible after I return, and in the absence of gross negligence, will not hold the caretaker liable for injuries or illnesses suffered by my pet or any fees for veterinary services incurred on my behalf. I understand that every attempt will be made to contact me prior to diagnostics and treatment but I understand that treatment may be needed immediately. I authorize West Salem Animal Clinic to provide veterinary care as they deem necessary.

Should the unanticipated need arise for life saving measures I give permission for WSAC to perform CPR and any and all life-saving procedures understanding that there is a fee associated with this.

Initial: _____

OR

I need to be contacted before WSAC performs **extensive** life-saving procedures and do not want my pet resuscitated. Understanding that if I am unavailable to be contacted I allow West Salem Animal Clinic to make decisions regarding my pet.

Initial: _____

Client or Authorized Agent Signature: _____ Date: _____